

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. L.

WEDNESDAY, MAY 31, 1854.

No. 18.

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"THE CHANGE OF LIFE" IN WOMEN; WITH REMARKS ON THE  
PERIODS USUALLY CALLED "CRITICAL."

[Continued from page 57.]

In the changes to which reference has been made, there is an allusion to the power, or capacity of the female system; the power exercised by the generative organs, upon other parts of the body, and the reciprocal influence or control, felt by these organs, from other parts. Leaving, for the present, the question of diseased action, we may consider these congregate systems in their normal dependencies on each other.

Power is a significant word. It implies the exercise of some inherent force. If that force is latent, its exhibition proves the power of development. It is active—it is the *vis a tergo* through which the life force speaks in the progressive existence of the being. Without it there can be no growth. The wheels of life cannot move in their circle of organic structures. The machinery by which the productions of the animal are evolved, must of necessity be arrested; and certainly, as the wise man has said, will "the pitcher be broken at the fountain." Death is the result of a want of power, whether it be from disease, or the natural wearing out of the thread of life. This suggests the idea of the *limited* nature of this motive power: limited, because the life of the animal is itself confined within certain bounds; and if it be limited, it may be modified. It may be excessive in its manifestations at one particular part of the body; or other and distant influences may take from it a portion of the energy allotted to that part, by which it must necessarily suffer.

Now in the change of girlhood, called menstruation, there is not only strong evidence of this power, but of its action through sympathy. The uterine system being the great central characteristic of female life, around which moves the circle of all the mental, moral and physical phenomena, peculiar to this stage of existence, the flow may be affected through either of these media, both as to the time of its appearance, and its character. For example—if the mind should be over-taxed, and the vital force summoned to the support of the mental effort, to a degree beyond its share, the uterine supply may be measurably withheld, and the production which should result from a fair and equable working of the machinery, may not be evolved. The law of sympathy, in full force,

in such a case, between the mind, which maintains its supremacy, and the struggling uterus, the latter is robbed of its proportion of vital energy, and the whole system, thus disturbed in its sympathies and relations, gives evidence of disorder in some form. Again, a fright, or any strong emotion, may re-act upon the uterine organs, and produce an excessive flow of the menses. And yet again—a physical injury, or shock, as a sudden fall, or fatiguing exercise, may, by a reflex movement, contribute to the hasty if not premature development of the uterine flow, by the operation of the same immutable principle.

The uterus, that has been dormant for years, and is now aroused, producing a new fluid, by which its capacity may be known and measured, possesses the power of conception. In this function, likewise, it demands the sympathies of the entire being, of which it forms a part. The mental, moral and physical attributes of that being are exercised in all its performances. The impressions that fasten themselves upon the mind, the moral emotions which spring up simultaneously in the heart, and the physical changes that occur, all bear an interesting and an important relation to each other, and each contributes its portion to maintain the uterus in its office. The new organ, and its appendages, are all alike concerned. The uterus itself—its tubes—its ovaries—its vagina—each has a share in the *change*. The absence or inability of either, will impair or destroy the perfection and harmony of the arrangement, and the uses it is intended to serve. There is likewise power to *mature* a living being. The generative apparatus developed now, and in the fulfilment of a natural law, is still undergoing *change*. Menstruation and conception have already occurred. The speck that forms the embryo, must grow out of its embryonic state, and assume its foetal life. The foetus in utero must develop its proportions in due season, and then become a living being in the world of life without. The changes in the size, shape, &c., of the embryo and foetus, are marked by corresponding changes in the habits, feelings and tastes of the mother, all of which are striking, but too frequently unregarded, if not unobserved. Mark them—the uterus, from a passive organ, some two inches in length, gradually enlarges, rises out of the pelvis, extends upwards towards the chest, and widens laterally, till it occupies nearly the entire abdomen. In texture it is also altered. From an apparently solid mass of muscle, divided by a single fissure, it is stretched into a thin texture, till distinct fibres are seen extending in various directions; and the internal cavity, instead of being a thread-like cleft in the substance of the organ, becomes the residence of a living being, of human form and dimensions. The Fallopian tubes are pressed aside; the ovaries crowded out of their place; the vagina laden with a heavy weight, and often enormously congested; the bladder flattened, and the intestines greatly compressed. For six months, at least, this state of things is experienced in a greater or less degree, until the time of parturition comes, when, by the sudden removal of the contents of the womb, it collapses into its former state; not, however, by a gradual decline, but by the most heroic throes of nature, in the exhibition of tremendous power. And with its return, its appendages follow, and take their wonted places, the viscera are re-placed, and the whole organism again restored.

Let us not overlook the fact, that with the occurrence of conception, the menses cease to flow, and that with the close of pregnancy lactation commences. Cessation of the menses at the recurrence of gestation, is a natural and legitimate consequence. It may be true that there are exceptions to this rule, but the rule is still the same. And it is an obviously wise one. The womb, when menstruating, performs a function widely different from what it is called to in the process of gestation, and it may not exert two opposing forces at the same time. Lactation has likewise its separate design—a design affecting not merely the child, that is to be nourished at the maternal fountain, but one adapted to protect the constitution of the mother. The breasts, in furnishing a supply of nutriment, allow the womb, to which they are allied by a near sympathetic relation, to rest, perhaps for a whole year, during which time the female is saved the toils and trials of the pregnant condition. All this is natural. The vast changes that have been described, as occurring during the long period of utero-gestation, from the time of its commencement to its close, are all in obedience to the law of life—all natural; and the physician does not interfere to arrest, or scarcely to modify them. Take, for example, the "morning sickness," that passes like a wave through the whole economy, disturbing the repose of almost every organ, and for three consecutive months subjects its victim to harassing discomforts, that no medicine can relieve. The vomiting and general distress, dependent upon this condition of the system, is not disease, unless pregnancy is disease. It is a symptom of gestation; and if there be no departure from health in the cause, the symptom cannot be morbid. The experience of the profession everywhere, and in all times, corroborates this view of the subject. As far back as the days of Hippocrates, the illustrious father of medicine declared—"if the catamenia are suppressed, without being followed by rigor or fever, *but by disinclination for food*, pregnancy may be suspected." Who, then, would treat the vomiting of pregnancy as gastritis? or who would subject his patient, under such circumstances, to a "course of mercury," for example, as he might be disposed to do if pregnancy did not exist? As a general rule, no treatment is required in the pregnant condition, if the patient will but observe ordinary hygienic rules. So when the period is at an end, and the child is born, but little medication, if any, is necessary, unless disease may interfere and demand professional aid.

In all these changes, striking and wonderful as they are, nature is the kind physician, who counsels, and whose gentle hand directs the power that accomplishes them all. We cannot estimate their extent, because they are performed in silence and obscurity. As the hidden seed in the bosom of the soil, that shoots forth, and grows, and becomes the widespread shelter, and the prolific bearer of goodly fruit, performs all its wonderful changes in unobserved stillness, moved by a concealed vitality, that no art can supply—so do the "changes in the life of women," that are connected with the uterine system, go on in the mysterious chambers of her own organism. The hidden uterus, aroused from its long lethargy, grows, and develops the whole being, first giving evidence of its power to execute the command to "Be fruitful and multiply," and then, by

the same inherent *vis vitale*, spreading out and affording shelter for a living being, and bearing it into the world.

With all these physical changes and developments, we should not overlook the differences in moral and mental character. The changes in these respects occurring at mature girlhood, have already been noticed; but as those presented during the course of utero-gestation, too often escape observation, perhaps some of them may be re-called here. The morbid temperament, often irritable, and exceedingly sensitive, and it may be desponding; and the seemingly disordered, and even loathsome appetite, in the early months of the pregnant female, must be familiar to the careful observer. With the "disinclination for food," or the unnatural appetite, and the distressing sickness, it would seem reasonable to anticipate a sensitive temper, a disposition for retirement, even from the fondest friends, and a morbid feasting of the mind on imaginary ills and delusive fears. But when we can realize these exhibitions of character, as the result of uterine disturbance acting sympathetically upon the brain, we shall reach a physiological fact, that may serve as an important purpose in other manifestations of *change* that may occur in the uterine function. It is not urged that these peculiar displays of physical phenomena are universal; but that they, or some kindred exhibitions of perverted taste both mental and physical, are exceedingly common, no one will attempt to deny. Take a lady, for example, of refined and amiable disposition, who during the first few months of pregnancy shows a character just the reverse of her accustomed habit; and it cannot be satisfactorily accounted for, in any other way. She is dissatisfied with herself, mortified and grieved, and yet she cannot control her feelings and desires. They are indications of a state of the system, at once peculiar and astonishing; indications that point to a series of connecting influences between the thinking and the generative powers, that shows them to be intimately associated.

Now if they be so closely related, and the uterus may produce such marked changes in the mental character, why not the brain re-act upon the womb, and create a corresponding diversity of effects? For the time comes, in the history of female life, when the mind acts with mature vigor, and the generative organs decline.

Let us explain. The changes in the uterus connected with conception and its immediate results, are independent of mind. They occur when exposed to the natural stimulus, whether the will of the individual concurs or not. The mind may oppose, and yet the cell that is lodged in the womb shall grow-out of its own life, into its embryo state, and then onward to its fetal existence. But not so in the dreaded "change of life," occurring in more advanced years. When the uterus will have lived out its term of active service, return to its first estate, and become again a passive organ; the mind will have just grown up to its full proportions, and be capable of acting with a corresponding power. It is therefore suggested, that if the individual be taught to anticipate this change, with cheerful expectations, many of the ills now attendant upon it may be avoided.

Let us inquire what they are.—*New Jersey Medical Reporter.*

[To be continued.]

## " DOCTORS" AT THE WEST.

[Communicated for the Boston Medical and Surgical Journal.]

We are truly a "great nation," and a "fast" people. There is not only a "great deal of land out West," but there are a great many *doctors*! In old times, or during the "dark ages," there were many things that were looked upon as wonderful or mysterious, but in these latter days, and in this age of "progress and reform," most of these wonders have ceased, and most of the mysteries are explained. Light has taken the place of darkness, wisdom the place of ignorance, and self conceit and vanity the place of modesty and diffidence. What is not already known, is comparatively little, and is becoming daily "beautifully less." People have long since ceased to wonder at the quantity of land in the world, but they have not been able to account satisfactorily for the great number of *doctors*, and their rapid increase. The grand discovery has finally been made; the whole mystery is explained, and made, as "clear as mud"! We are gravely told that "some persons are *born doctors*!" When this announcement was first made, I was incredulous, and was inclined to call it a "humbug," for I could not understand it, or conceive how it could be possible; but on further reflection, I am fully satisfied that this is the way the thing is done! In fact, there is no other way, that I can see, to account for the rapid increase of *doctors*, except the one here suggested. We must either say, that all are not *doctors*, who profess to be *doctors* (and that would not do), or we must admit that many of them are *born doctors*; for it is very evident that there are many (especially in the West) who claim this honorable title, who have never studied the science of medicine, or any other science, since they were born!

I shall not attempt to explain the process. It is enough for me to know the fact, and I leave it for your readers to say whether it is done through the influence of Mormonism, Millerism, mesmerism, spiritual rappings or infinitesimals. I do not look upon this discovery as a matter of much practical importance to the profession, but it may be of importance to the public. Should any of your readers wish to know how these hereditary *doctors* manage to obtain the title of *doctor*, and how they get into business, I can tell them how it is done "out West." In the first place, the aspirant to professional honors and emoluments (after learning the fact that he was born a *doctor*, through the spirits or some other medium) "sticks out his shingle," or, in other words, he gets his name printed on a sheet of tin, with the word *doctor* attached, and nails it to the door-post. Thus, he gets the name or title! He then unites with the masons, the odd fellows, or sons of temperance (all useful and honorable institutions), and, as a natural consequence, he is immediately patronized and puffed by some of his brethren! No one stops to inquire when or where he was educated! or whether he ever was educated. And if any one should inquire, he would either tell them that he was born a *doctor*, or that he was educated in Paris, London or Edinburgh, and either of these answers would be perfectly satisfactory to the public! It is taken for granted that he is a *doctor*, because his sign says so!

I do not pretend to say that the masons, odd fellows, or sons of temperance, employ these new-fledged doctors because they belong to their society; and yet, if they were asked for a reason, they probably could not give any other or a better! This, then, is the way that *some doctors* are made "out west," and this is the way they take to get into business! The whole process is simple and easy, and yet, if you have any "shorter cut" to professional honor and wealth, "down east," I should like to know it.

Yours, &c., H. GRAHAM, M.D.

Toledo, Ohio, May 1, 1854.

#### BLIGHTED OVUM.

[Communicated for the Boston Medical and Surgical Journal.]

**MESSRS. EDITORS**—If you deem the following communication worthy a place in your Journal, you are at liberty to insert it.

February 26th, 1853, I was summoned to visit Mrs. T——, aged 28 years, who was the mother of two living children. I found my patient (who was three months pregnant for the fifth time) with labor pains, slight hemorrhage, and, in short, all the symptoms of abortion; and, by the way, she had aborted twice before. I prescribed opiates, with rest in the recumbent posture, and the hips slightly elevated. The pains soon subsided, the hemorrhage ceased, and she was able to attend to her household duties in two weeks. She could ride several miles at different times during the spring, and in May and June she could walk a mile or two without much inconvenience. The first of June she consulted me at my office, and informed me that she had not had (to use her own language) any monthly turn, nor had she any symptoms of being in the family way. There was no enlargement of the abdomen or mammary glands. Her general health was not much impaired. The only thing complained of, was some slight pain, with a sensation of weight and pressing down when long in the standing position, and sometimes her food caused uneasiness and distress. To my inquiries whether she did, at the time I saw her in February, or at any time since, have anything like the ovum pass from her, her answer was that she did not. If such had taken place, I think she must have known it, having twice before aborted. I informed her at that time it was my opinion that she still carried the ovum, and that its growth had been arrested by being partially detached from the uterus at the time she was sick in February, and that she might possibly carry it until the full term of gestation. Did not advise any medicines at that time.

June 29th I was requested to visit her again—the messenger wishing me to drive as quick as possible, the patient living five miles distant. On my arrival I found her with severe labor pains, attended with hemorrhage. Proceeded to make an examination per vaginam. Found the os uteri dilated sufficiently to admit the end of the finger. The pains continued strong, the os uteri gradually dilated, and at the expiration of one hour I succeeded in removing the ovum. On rupturing the membranes there appeared a perfectly-developed embryo, with no appearance

of decomposition. From its size and development, I should think it to be that of a three months' pregnancy, and my patient was at the end of her seventh month, having menstruated last in November, 1852.

Her recovery from confinement was speedy. The catamenia appeared at the end of six weeks. She has menstruated regularly ever since, and has enjoyed her usual health.

D. S. TRACY, M.D.

*Canton Mills, Me., May 1st, 1854.*

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MEDICAL EVIDENCE OF DR. SWINBURNE, IN THE CASE OF HENDRICKSON.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—It is only within the last week that my mind has been especially called to this deeply-interesting trial. I have carefully considered Dr. Swinburne's testimony, and I believe it is such as every medical man should be proud of. He has been accused of both ignorance and presumption. In cases of this kind, physicians are called upon to give their opinion as to the cause of death. What are the data on which they are to found their opinion? Formerly coroners, sheriffs and jurists believed that doctors could give as correct an opinion in cases of poisoning, without dissection of the body, as with dissection. This was absurd. Now-a-days some would restrict the medical witness to those facts alone, which he can obtain by the *post-mortem*. This is equally absurd. He should have the benefit of all *facts* obtained from the previous history of the case, and all *facts* obtained from an examination of the body. From these he should draw his conclusions.

Now in the Hendrickson case, the facts proved and admitted are these. 1st, pertaining to the history of the case. Maria Hendrickson was found dead at 2 o'clock, on Monday morning. 2d, She was a person of ordinary health and constitution, with no evidence of serious disease when she retired to bed on the previous night. She sat at the dinner table on Sunday and attended church Sabbath evening. 3d, When first discovered dead, by other members of the family and neighbors, she was in the middle of the bed, with no distortion of the features, no derangement or soiling of the garments, &c. ; and to these may be added all the facts, both positive and negative, obtained from the appearance and condition of the room, and everything in it, at that time, as sworn to by the persons who were there and beheld them. (I may allude to some of the separate facts included in this category by-and-by.) 4th. Obtained by the medical examiner in person—unusual rigidity and elasticity of muscles; wound on the lip; contraction, corrugation and congestion of stomach and duodenum, *more than he had ever witnessed in any person dying from natural causes*; emptiness of stomach and small intestines; *feculent matter in the large intestines*; urinary bladder and all the other organs as described in his evidence.

These are the *facts*. She died, and from some cause sufficient to produce death. Dr. Swinburne was asked to say what that cause was; and he said, *some poison which had been introduced into the stomach*. And

his reasons for saying so were good reasons. Will any physician say that there were sufficient evidences of the cause of death existing *out of the alimentary canal*? Will any physician say that there were *not* sufficient evidences of the cause of death existing *within the alimentary canal*?

This second question is the one in relation to which doubts have been expressed. Consider, first, the ecchymosed spot and wound on the lip. This wound took place *after* she went to bed, and *before* she died. It was a wound that bled *internally*; I mean into the cellular tissues of the lip, producing the black and blue spot. It also bled *externally!* but *no blood was found on or between the lips*, by those who first entered the room. Let that fact weigh what it will, and it is mighty!

Now the stomach. It was contracted to two inches in diameter; it was extensively corrugated; it was greatly congested; it contained no natural contents, but it did contain that *reddish viscid* mucus. The condition of the duodenum was similar, and the small intestines were perfectly empty, but the large intestines contained feculent matter. Are these conditions of the stomach and intestines, particularly of the stomach and duodenum, *pathological*? Yes. Are they unusual or extraordinary pathological conditions; or such as could not arise from natural causes; the individual at the same time possessing the health, which Maria Hendrickson had enjoyed up to the time she went to bed on Sunday night? This is *the question*; and we say, yes!

The next thing is to account for these *unusual pathological* phenomena. If any man can account for them, satisfactorily, on any other ground than that of *poison* (we will not go so far as to say what particular article, nor do we understand that Dr. S. was positive on this point), I hope it will speedily be done. Time forbids my entering further upon the subject to-day.

T. H. SQUIRE, M.D.

*Elmira, N. Y., May 22d, 1854.*

PATHOLOGICAL REMARKS UPON HYDROPHOBIA, HYDROPHOBIC POISON, &c. &c.

[Concluded from page 334.]

Or the hydrophobia affecting man, from pathologico-physiological deductions, my theory or hypothesis is, that a specific poison is formed in *any* vitiated secreted canine saliva or mucus; that its inoculation into the human system acts specifically upon the nerves of respiration, the base of the cerebellum, the serous membranes of the brain and thorax, with all the concomitants of the peculiarly-excited and affected nerves of respiration, such as congestion of the mucous membranes of the mouth, throat, larynx, pharynx, bronchial tubes, &c. &c., and effusions between the muscular coats and mucous membranes of the fauces, oesophagus and stomach, and engorgement of the bloodvessels of the diaphragm. The respiration in man is hurried and gasping, with the constant, instinctive agony of suffocation, and its dead weight oppressing the precordia. The patient is painfully sensible, his senses being rendered most acute, and

in the highest degree irritable, timid and "nervous." Excessive respiratory anxiety excites a full, watery, glassy, contracted eye, as in phthisis—and all the respiratory muscles of the head, face, neck, shoulders and chest, are implicated in the mischief, analogous to suffocating asthmatic paroxysms, at the same time the mind is harassed with the most dreadful fears and apprehensions. The mere attempt at deglutition, looking at the bright sun-lit sky, a stream of cold air passing over the skin of muscular regions of respiration, even breathing on them, the act of moving, the opening a window or door, the approach of water or fluids, separately or combined, produce the most intense paroxysmal fits. The most acute mental anxiety, terror, and restlessness, entirely free from delirium, are the concomitants of oppressed and "nervous" respiration, and they are intensely present in hydrophobic disease. During all this period the action of the heart is imperceptibly or not materially affected. The viscid saliva is not so much a portion of the disease, but represents the peculiar result of a vitiated poisonous secretion. The saliva being viscid and tenacious, is *worked* into "a foam" by the atmospheric air being mixed with the particles dependent upon the instinctive action of the buccal muscles to get released from its presence in the mouth, rather than undergo the horrible efforts to swallow it. We observe that foam occurs in large quantities in the mouth of the horse, either from champing to excite an increased secretion upon an arid mucous membrane, or from a "spirited" champing the bit. It is not necessary for me to enter further upon the details of the symptoms of hydrophobia. The individual dies of exhaustion of the *respiratory nerves*, attended either with serous congestions at the base of the brain or an asphyxiated state of this organ. Therapeutics have done nothing, either as a curative, palliative or preventive of this disease. Several dying secrets in regard to its cure have been left by various individuals. The last important revelation was that of "a Russian peasant, who could not die" (the newspapers say) until he had "revealed the secret so long locked up in his breast." It was to wash the wounded part caused by the bite of the dog, with muriatic acid! The next, perhaps deserving some little attention, is from the experience of the late Dr. Vandever, of Savannah, whose biographer says—"I re-publish from the Savannah Advertiser a communication on the subject of hydrophobia, because I venture to say I hazard nothing in thus endeavoring to inspire the fullest confidence in the virtues of the plant there recommended (the Scullcap, *scutellaria galericulata*) ; not as a remedy, after the disease has made its appearance, but as a sure preventive, if seasonably applied." The doctor says—"I would not speak in such positive terms, had I not been an eye witness to its successful application, not in a single instance only, but in several, in no one of which did it fail. A great number of hogs and cows were bitten by the same dog, and a Mr. Lewis, who then lived in Westchester, but is now dead, and who possessed the secret, being sent for, administered the plant to some of those which were bitten, and to some he did not; invariably the former all recovered, and as invariably the latter all died of hydrophobia.

The scullcap—*scutellaria galericulata*—is a perennial plant, and rises

about two feet in height. Leaves are on a square stem opposite each other, the same as boneset, and spear-shaped towards the end ; flowers blue, or rather of a violet color. It grows about the borders of ponds and on the banks of rivers, and flowers in August. It is a good astringent, and, according to the above representation, has been found an infallible (?) cure for the bite of a mad dog, either in man or beast. Dr. Vandever's mode of preparing it, was this :—“ Gather the leaves of the plant about the last of July ; dry them carefully in the shade, and after being pulverized, sift the powder through a hair sieve and keep in bottles well corked for use. After a person has been bitten by a rabid animal, he must take a gill four times a-day, every other day, of the tea made by pouring a pint of boiling water on a tablespoonful of the powder. The day it is omitted give a teaspoonful of the flour of sulphur, in the morning, fasting, and at bed-time, in new milk, and apply the pounded green herb to the wound every two hours, continuing the prescription for twenty-one days. For cattle and horses give four times the quantity prescribed for an adult man.”

Another “ Russian peasant ” also makes an important discovery. The Paris correspondent of the Liverpool (Eng.) Advertiser states that :—

“ A Russian peasant, of Simbirsk, on the Volga, possessed a celebrity in the cure of this worst of all human diseases. He was not the discoverer of the root that cured, but was the sole depositary of the secret. The renown of his extraordinary cures, bursting, at length, beyond the circle of his government, their number increased with his practice, and his celebrity along with them.” The remedy used was the Alisma Plantago. A correspondent of the London Literary Gazette writes as follows respecting it :—

“ Sir,—I send you for acceptance, a drawing of the reputed valuable plant, Alisma Plantago. It grows, I may venture to say, in most parts of Suffolk, certainly with us in great abundance, to the height of two feet above the surface of the ponds and ditches, bearing white flowers, inclining more or less to a purplish tinge, from the middle of June to August. I have endeavored to express the form of the seed-vessel so that the plant may be known after its flowers have ceased to exist. I am acquainted with no species of Alisma that at all resembles this in habit ; therefore it must be known at a glance. For specific minutiae you can refer to Dr. Smith's ‘ Flora Britannica,’ or to ‘ Withering's English Botany ’ ; you will receive information from either.”

I would refer your readers to vol. xxxviii., page 521, of the Boston Medical and Surgical Journal, to which and the above I would respectfully ask the attention of the medical profession.      A. C. CASTLE.

*New York, May 10, 1854.*

## AN EXAMINATION OF THE DOCTRINE OF SELF-LIMITED DISEASES.

[Communicated for the Boston Medical and Surgical Journal.]

**MESSRS. EDITORS**,—In No. 14 of your very useful Journal, Dr. Cornell cites certain facts, which in so far as they relate to hooping cough, disprove the self-limitation of that disease. As the doctrine of self-limited diseases is one of much interest, alike to the profession and the patient, may I be allowed, in the pages of the Journal, to examine its tenability.

That diseases have a tendency to become exhausted under the recuperative powers of the system, is indisputable; but in all such cases, is not their limitation or duration determined rather by the powers of the organism to overcome the febrile disturbance upon which the disease depends for its perpetuation, than by any inherent law of self-limitation?

According to Liebig, every substance or matter, every chemical or mechanical agency, many of the mental emotions or passions, which change or disturb the restoration of the equilibrium between the manifestations of the causes of waste and supply, in such a way as to conjoin its action to the causes of waste, is a *cause of disease*. *Disease* occurs when the sum of vital force which tends to neutralize all causes of disturbance is weaker than the acting cause of disturbance. If in consequence of a diseased transformation of living tissues, a greater amount of force is generated than suffices for the production of the normal motions, it is seen in an acceleration of some or all of the involuntary motions, as well as in a higher temperature of the diseased part: this condition is called *fever*.

When a great excess of force is produced by change of matter, the force, since it can only be consumed by motion, extends itself to the apparatus of voluntary motion: this state is called a *febrile paroxysm*.

Disease is a simple repetition of disordered action, manifesting, throughout its whole course, *paroxysm* and *remission*. If the disease is continued from day to day, or from week to week, is it not because, as the disorder progresses, the paroxysm or exacerbation becomes, with each repetition, longer in duration and more severe in character, the intermissions at the same time becoming shorter and less marked.

A disease is limited in duration from two causes:—first, from the power of the *vis medicatrix*, whereby the paroxysms are controlled, and the intermissions prolonged into convalescence or health; and second, by the inability of the recuperative powers to resist and overcome the paroxysmal disturbance, when, as a natural consequence, the paroxysms are repeated with increased intensity, until the patient sinks beneath the disorder. But in our opinion this is not self-limitation; far indeed from it; for as disease is only an abnormal periodicity of the organism, produced by a disturbance of the equilibrium of the life forces, we may as correctly speak of the self-limitation of health, as the self-limitation of disease.

The skill of the physician, in the treatment of any form of disease, is manifested in his knowledge and use of the means which enable him to exercise a favorable influence on its duration, and in the removal or modification of all disturbing causes whose action strengthens or increases

the actual morbid developments ; or, in other words, " it consists in the reproduction of an equilibrium of the vital forces—a restoration of the normal temperature, periodicity, and functional movements of the whole organism." A complete cure of the disease occurs, when external action and resistance in the diseased part are brought into equilibrium.

We have already seen that hooping cough is not a self-limited disease ; that it may be cut short, the facts cited by Dr. Cornell amply prove.

Is typhus fever a disease of self-limitation ? or, in other words, must it run a definite course before it terminates ? In answering this question, I shall cite two authorities only—but they might be multiplied largely. Says surgeon Ross, in the London Lancet, March 18, 1843, " My observations have proved to me, most unquestionably, that not only are these daily exacerbations in typhoid fevers, but also *intermittent periods* of the quartan type, defined by an augmentation of all the febrile symptoms." Acting upon this unquestionable fact, he has given us the result of the treatment of a large number of cases, in the following words :—" The foregoing cases are selected from among the worst which came under my notice, and demonstrate most clearly the correctness of my data. The convalescence in every case was remarkably brief, for the patient was commonly restored to his usual health in the course of a week. The disease was *incontestably shortened* in every case, and the dogma that typhus is a disease which must run its course, despite our various resources, is no longer of any authority."

Says surgeon John Findlay, R. N. (Medical Enquirer, London, 1850), writing from the African coast :—" Epidemics we do not lack—and although not molested with influenza, or cholera, we have a far fiercer enemy to contend with in the shape of bilious typhoid fever. During the last three months, I have had *sixty-six* cases, without losing one. My treatment is to give large doses of quinine. This knocks the disease on the head at once, and your patient recovers—not a blanched and wretched remnant of humanity, but in a few days as useful as ever."

For the past eight years I have rarely found typhus fever continued beyond the second quartan period, and in a majority of cases convalescence has been established on the fifth day.

JUNIUS.

{To be continued.]

May 27th, 1854.

#### ALCOHOL IN MEDICINE—REPLY TO DR. FULLER.

[Communicated for the Boston Medical and Surgical Journal.]

**MESSRS. EDITORS**,—In your Journal of May 3d, I notice an article from Dr. Fuller, on the use of alcohol in medicine, containing some allusions to my remarks in a former number of the Journal. In a periodical devoted to matters of a strictly scientific nature, I think it improper to introduce moral topics for discussion. I will not, therefore, ask space to notice the remarks of Dr. Fuller touching this part of the subject. He says, " when Dr. Hall will show any other useful and im-

portant remedial agent that has done a tithe of the evil, both morally and physically, that alcohol has done, then will I agree with him to enter into an examination of the merits of that agent." I ask Dr. F. if it is not the use of alcohol as a *beverage*, and its consequent *abuse*, and not its medicinal use, that has done all this harm, "both morally and physically"? No other agent has been so improperly used in this country as alcohol. Other agents might do as much harm, if used to the same extent. Opium is capable, when used excessively, of doing a great deal of harm. Will any one, therefore, totally condemn it as a remedy in disease? Let any one read Bayard Taylor's picture of a victim of opium-eating, and ask himself if it is not equal in its effects, both morally and physically, to the effects of alcohol. If opium were used to the same extent in this country, that it is in others, perhaps the "Pine Tree State" would have to enact the same stringent laws against it, that it has against alcoholic liquors.

I think it *not* debatable whether it be better to let a patient, "bitten by a serpent," die than to use a remedy of *known value*. Were I to do this, I could not keep my "conscience void of offence." Dr. F. says—"I submit to Dr. Hall whether he would prescribe the drunkard's drink to reformed inebriates." In answer to this, I will say that if, "after mature reflection and investigation," I should deem it proper, should think the therapeutic indications required it, I should not hesitate to prescribe it, even to such. Again, he says, "if it could be shown that coffee and tea, when used as beverages, invariably do harm, would not Dr. H. infer that they might do harm in disease?" By no means, I answer. All medicines, when used in health, *invariably do harm*, but in disease are beneficial. Coffee and tea are stimulants, and if they are hurtful in health, it does not follow that they would be so in disease. All medicines are hurtful in health. "They that are whole need not a physician [nor his medicines], but they that are sick." People, Dr. F. says, often ask how, if alcohol is a poison, and very detrimental in health, it can be used with impunity in sickness. It should not be used with *impunity*. We can use no potent remedy with entire impunity—all must be used with great caution.

I have penned the present and former articles, Messrs. Editors, only for the purpose of eliciting truth, and if it can be shown that alcohol is pernicious as a remedy, and ought to be discarded from the *materia medica*, I will not only give up its use, but will frankly own my error. But until this is done, I trust I may be free from the imputation of "contributing to make drunkards."

GEO. W. HALL.

Carthage, Illinois, May 13th, 1854.

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#### PARACENTESIS THORACIS.

[Communicated for the Boston Medical and Surgical Journal.]

A FEW months since, by request of Dr. H. I. Bowditch, I furnished him a copy, from my *case-book*, of a report of the case of John G. Henry, on whom I had four times performed the operation of paracen-

tesis thoracis. That report was published in No 4, vol. 50, of this Journal, with remarks by Dr. Bowditch. I now make a *supplementary* and *final* report of that case.

On Monday evening, the 6th of February, 1854, after working seven hours at a carpenter's bench, in a warm shop, while walking in the street, the weather being intensely cold, he was suddenly seized with profuse hemoptysis. He became faint and fell in the street. He was assisted to his boarding house, where I found him almost pulseless, with quick and laborious respiration. He rallied during the night, and the next day seemed quite comfortable, and the day following went home to his friends in Lunenberg. I did not again see him, but learned that he continued to have slight hemorrhages daily, with dyspnea and cough, and he died the following week. I did not hear of his death for several weeks, and regret exceedingly that no post-mortem examination was made.

In reading the full report of this case, it will be observed that the fluid withdrawn was from the *left* side; that the severer rational signs never returned after the first operation; that he gained twelve pounds in flesh; that he labored nearly half the time for the last three months of his life; that he used morphine, gin and tobacco in excessive quantities; and, finally, that tubercular disease was rapidly developed in the apex of the *right* lung, which was probably the source of the hemorrhage which caused his sudden death.

ALFRED HITCHCOCK.

Fitchburg, May 22, 1854.

#### FOREIGN CORRESPONDENCE—LETTER FROM PARIS.

[Continued from page 323.]

If the *respiration* produces not by itself animal heat, it determines, by its incessant play, a continued *excitation* of the *nervous* system, which, in reacting upon the organs, maintains their movements and consequently their heat. Any one can assure himself of this by examining what passes in *artificial respiration*, practised after the medulla oblongata is divided. M. Brodie had remarked that, notwithstanding the insufflations, the animal was chilled; even more, that the cooling was more rapid than in another animal killed at the same time; having, in fact, decapitated simultaneously two rabbits, and practised upon one of them artificial respiration, the one was cold sooner than the other. This celebrated surgeon had concluded that the respiration in itself, far from producing heat, was oftener a cause of coldness. Legallois, who had first made some experiments, maintained that the animal *insufflé* became cold no sooner than the other; but M. Bernard, whose powers of observation and ability in experimenting are well known, takes the ground of M. Brodie. It is easy to demonstrate that in the limbs, the *temperature diminishes when nervous influence ceases* to be felt there. It is what one can establish in the paralysis which follows the section of the sciatic nerve. Upon a dog in which this experiment has been made, it has been found that the limb, before the operation, had  $24^{\circ} 4'$ ; after, it had only  $21^{\circ} 3'$ .

If we cut the nerves of an organ when the blood is very warm, the difference is manifested more promptly; it is what happens when the liver is paralyzed by the section of the pneumo-gastric nerves. In birds, which have the circulation very active, the difference of temperature is from one degree to one and a half. If the temperature falls with the abolition of the *functions*, when the latter, on the contrary, are *excited*, the *temperature* is *elevated*. We find in Burdach the following fact:—A man had an arm paralyzed; the temperature of the healthy arm was 26° 6. Here is the result which had been established upon the diseased arm that was galvanized.

	Before Galvanization.	After Galvanization.
Temperature of the hand,	17 3	20 0
"    in the fold of the arm,	21 3	22 6
"    in the axilla,	26 1	27 1

Is not this another evidence of the necessity of nervous influence in the maintenance of heat?

In the lessons of M. Bernard upon the great sympathetic nerve, *à propos* to the capillary circulation, a very curious experiment was made by this physiologist, which consisted in the section, upon a rabbit, of a nervous fillet which joins the superior cervical ganglions to the inferior. In consequence of this operation, the heat augmented in the corresponding side of the head. In winter, by reason of the decrease of the external temperature, it is easy to establish, by pressing the ear of the animal in the hand, that it becomes warmer; and by the application of the thermometer, we see that the heat has increased, even from three to four degrees. With this augmentation of heat, there is at the same time a circulation much accelerated, and the secretion is more active in the secreting organs of the face. This phenomenon lasts for some time; if we kill the animal, the part which has been the seat of this augmentation of heat is cooled less slowly than the others.

We can produce some inverse phenomena by cutting the fifth pair, which gives sensibility to this part of the face. In this case, there is, in effect, a diminution of the temperature, also of the circulation and the secretions; and if we kill the animal, this part is deprived of its heat sooner than the other parts. Although the first experiment upon the fillet of the great sympathetic nerve shows us an action contrary to that which is verified in the nerves of the cerebro-spinal system—an action whose mechanism is not yet known—yet it proves not less that the nervous system has an influence upon the activity of the functions, and in consequence upon animal heat. In regard to what has been said, one ought to be convinced that he cannot explain the phenomena of calorification by the action of respiration alone. Calorification is explained, on the contrary, in a satisfactory manner, by the metamorphoses that the blood is submitted to in the chest and all the organs. But the respiration is the point of departure; it excites the nervous system, which, in its turn, acts upon the organs in the production of heat. It is thus that calorification is found immediately allied to respiration.

{To be continued.}

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 31, 1854.

*The Approach of Cholera.*—Already do we hear of cases of this dreaded disease within the United States. It therefore behooves the boards of health in our cities, and large towns, to adopt such preventive measures as will be most likely to ward off its approach. Among the first measures to be considered and adopted in such a case, are cleanliness, as regards the person as well as the habitation. Next, the mode of living—for we doubt not many are the victims of this disease from error and imprudence in their diet. Unwholesome meat, and that not half cooked—is often hastily eaten by the poor laborer. This is a fruitful cause of disease at any time, but much more so, while there is a choleraic predisposition in individuals. We hope our city authorities will early consider this subject, and have every house in the city thoroughly examined by suitable persons; and if decayed or decomposing matter is found, have it removed at once. There is no need of occasioning any alarm by this timely interference; on the other hand, it will have a tendency to give security, and may possibly prevent a solitary case occurring in our midst. In connection with this subject, we would add, that the following prescription has been found very useful in our practice, in combating many of the unpleasant symptoms attendant upon cholera—and is worthy of trial. R. Tr. opii, 3*ii.*; Spts. camphoræ, 3*i.*; Tr. rhei dulcis, 3*vi.*; Aquæ ammoniæ, 3*ss.*; Ol. menthae pip., gtt. xv. M. A teaspoonful in hot sweetened water, given every fifteen minutes, will often allay the vomiting and the pains accompanying it.

*Cod-Liver Oil in Consumption.*—It appears from a report in the Transactions of the College of Physicians of Philadelphia, that Dr. Wood, the President, is decidedly impressed in favor of the cod-liver oil treatment in pulmonary consumption. He has carefully looked over the annual obituary tables in reference to this very point. He says, “the oil has been almost universally employed in this disease; and, during the first years after its introduction, a most striking effect was observed—the number of deaths from consumption diminishing surprisingly. Now there appeared to be no other cause to which this diminution of deaths could be attributed, excepting the use of the cod-liver oil.” He had thought it not unlikely, however, that after the first years of its use, many cases, but temporarily relieved, would prove fatal, and thus the number of deaths be increased in succeeding years. But this, he was happy to find, had not taken place. “Hence,” he says, “from a decrease in the proportion of deaths from consumption, since the period when it used to be between a sixth and a seventh of the whole mortality, we have a right to infer that we have gained something from the use of the oil in that disease; probably that we have cured by it one in every eight cases, with the anticipation of a still larger proportion hereafter.” This certainly argues well for the curative powers of the oil, and we think it should be *freely* used in every suspected case of phthisis, as long as the stomach will tolerate it.

*Spirit-Rapping Mania.*—Scarcely do we take up a public journal, but we find a record of the injurious effect of the “spirit-rapping, or manifesta-

tion," upon some deluded individual. The insane hospitals are becoming tenanted by these individuals, and whole families have been made wretched by this strange infatuation. Husbands, who had heretofore been kind and attentive to their wives and children, have cut them off and deserted them, under the pretext that they were not in a suitable *sphere* for them to associate with. Wives also have been known to desert their husbands, children, and homes, while laboring under the same delusion. Two or three instances of this nature have come under our own observation within a few weeks past. Although this *rapping business* no doubt was commenced in sport, by a few foolish persons, it has now got to be something more serious than a means of whiling away the hours of idleness, or acquiring money—it is turning the brain of the weak minded, and, as been stated, has involved persons and families in difficulties and troubles, that all the wealth of the world cannot remove. It is truly a sad and melancholy state of things. The profession can do much towards abating the evil, and we think they are called upon, as an act of humanity, to use their influence for this purpose. This can sometimes be done by the force of argument, or by citing analogous *mysterious phenomena*, that have occurred in other ages of the world, and even among *barbarous nations*.

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*Hand-Book of Chemistry.*—A very rich work on the science of chemistry, theoretical, practical and technical, from the press of Messrs. Blanchard & Lea, Philadelphia, has been some weeks before the learned public for examination. The book is a fine octavo, containing 681 pages, illustrated by numerous engravings on wood, which by the way, are cheap things, but answer the purposes designed. The authors are F. A. Abel, of the Royal Military Academy, Woolwich ; and C. L. Bloxom, of the Royal College of Chemistry, with a preface by Dr. Hoffman—but who Dr. H. is, no one in this vicinity seems to know, beyond the fact that the two first gentlemen were educated chemically in his laboratory. A vast amount of literary industry is apparent, on the part of the authors. The volume is complete, as a truly scientific manual of modern chemistry. It embraces the entire field, and nothing appears to be lacking in regard to known facts or the spirit of discovery. If any objection could be raised against it, it might be on the score of being too technical, and not constructed for popular reading. But when the fact is recollected that the world is full of learning made easy, through the instrumentality of merely elementary books, it is altogether proper that somebody should be profound in scientific attainments. To the careful perusal of chemical scholars, we recommend this learned work, with entire confidence.

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*Dr. Ellsworth's Address.*—On the 26th of January, the candidates for a medical degree at Yale College, Conn., were addressed, according to custom, by a distinguished member of the medical profession, and on this occasion the lot fell upon P. W. Ellsworth, M.D., of Hartford, a successful surgical operator. He was selected for the purpose by the State Society, and he did the Society honor. With all the embarrassments growing out of the difficulty of being the last to speak when many others had spoken well, Dr. Ellsworth was eminently successful. He has demonstrated his power, and that in a conspicuous manner. Moral duties and professional responsibilities are clearly defined in his discourse. There is a logical beauty, too, pervading its pages, indicative of a disciplined mind. It is characteristic

of the Connecticut physicians, that they are well educated, and whatever they do is always well done.

*Hydrophobia.*—Since the slaughtering of the dogs in Boston, which was very thoroughly and quietly accomplished by the police, the dread of hydrophobia has subsided. A few persons who have been bitten by dogs still remain in painful suspense. Last week two persons were bitten in the streets, but it was believed that the animals were not rabid, and hence no renewal of the edict against the freedom of the canine race was promulgated. While on this subject, it is not inappropriate to repeat what has so many times been said, that the maintenance of thousands of dogs in cities is an unnecessary expense, a source of constant dread, and in all respects a nuisance.

*Another Hospital in Boston.*—Thoughts are again entertained of erecting a second hospital in Boston. If another should be established, East Boston, in consideration of the growing character of the place, has the first claim to it. The island is almost surrounded by ship-yards, and the population and business of the place conduce greatly to render it the most suitable part of the city for the purpose. As Boston is rapidly growing, it may be asked, is it possible that one institution, the Massachusetts General Hospital, can much longer meet the demands of the whole city? While land is cheap, comparatively, and certainly lower than it will be some years hence, why not secure a good and proper lot at once?

*Electric Suspensory Scrotal Sack.*—The devices for propping up and sustaining a diseased human body are so numerous that a mere catalogue of them would constitute something of a volume. Females seem to have been the best cared for, in this respect, since the multitude of corsets, straps, braces, plates, springs and webs, which are at the service of those with weak backs, round shoulders or abdominal weaknesses, is truly amazing. Of late, ingenious men have been turning their attention to the construction of a remedy for some of the obscure maladies of the procreative organs of the sterner sex, which are not readily reached by medicines; such as indolent swellings, dropsical enlargements, and deep seated pains of the testes; relaxations of the cord, &c. &c. Dr. Cheever, at the Tremont Temple, has an instrument which he believes may prove extremely useful in some of these conditions of the parts. It is a simple knit sack, studded over with small buttons of different metallic properties, which actually keep up a constant current of electricity, without thought or effort of the patient. An hour devoted to a description of this belt, and the philosophy of its application, would not be so satisfactory as a personal inspection of the article, and we therefore recommend our professional friends, as opportunity offers, not only to examine, but give it a trial. We have no experience to fall back upon, in speaking of this apparatus, but simply state the objects and intentions of the inventor.

*Cholera in Providence, R. I.*—We learn that seven cases of cholera were reported to have occurred in Providence, R. I., last week, six of which proved fatal—three of the individuals surviving only 12 hours from the com-

mencement of the attack. Measures were immediately adopted by the authorities to have the city thoroughly cleansed of filthy accumulations.

*Middlesex East (Mass.) Medical Society.*—The Middlesex East Medical Society held its bi-monthly meeting on the evening of the 10th of the present month, at the house of Dr. Clough, in Woburn. The meetings are uniformly well attended, are spirited and interesting, but the last had additional attractions in the presence of the wives of the members, who were there by special invitation. The ordinary business transactions were, for the most part, suspended, and the evening devoted to the promotion of a most agreeable acquaintance. Dr. and Mrs. Clough were peculiarly happy in their efforts to promote the entertainment and interest of their guests, and have our hearty thanks.

A MEMBER.

*Medical Miscellany.*—A physician in Alabama has been mulcted in the sum of \$10,000 for seducing the daughter of a patient.—Smallpox is still very rife in many sections of the country. Far at the West, the Indians have been swept off in a fearful manner.—Very many physicians belonging to New England have gone or are going to Europe for a summer excursion.—Some cases of erysipelas, of unusual severity, have been noticed of late.—A prospectus has been issued for a new medical journal to be published in San Francisco, California. It is to be published monthly, at \$5 per annum. Drs. J. B. Phinney and M. B. Angle are to be the editors.—A new medical college is about to be established at Atlanta, Georgia. The trustees invite applications for professorships from men of eminence.—A death from the bite of a rabid dog is reported in the Philadelphia papers.—A young man in Nashua, N. H., lost his life, last week, in consequence of drinking a portion of bed-bug poison, mistaking it for his *bitters*.—Dr. Hooker, in his Himalayan Journals, gives the following information concerning the poisoners of India. He says "they all belong to one caste of passie, or dealers in toddy; they go singly or in gangs, hunting the traveler's resting places, where they drop half a rupee weight of pounded or whole *datura seeds* in his food, producing a twenty-four hours' intoxication, during which he is robbed, and left to recover or sink under the stupefying effects of the narcotic. The *datura* seed is gathered without ceremony, and at any time, place or age of the plant."

**PAMPHLETS RECEIVED.**—A monograph on the Fetal Circulation, by E. R. Peaslee, M.D., Professor of Anatomy in Dartmouth College, &c. &c.—The First Annual Report of the Board of Directors of the American Female Medical Education Society, instituted in Philadelphia, Pa.

**TO CORRESPONDENTS.**—The following papers have been received, and will have early attention:—Diseases and Mortality of the Foreign Population of Lowell; Dental Education; Puerperal Convulsions; Uterine Hemorrhage.

**MARRIED.**—In Bunker Hill, Ill., Benjamin F. Long, M.D., to Miss H. S. Furber.

**Deaths in Boston** for the week ending Saturday noon, May 27th, 56. Males, 24—females, 32. Inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 1—cancer, 1—consumption, 5—convulsions, 1—croup, 2—diarrhoea, 3—dropsy, 2—dropsy in the head, 2—infantile diseases, 3—puerperal, 4—scarlet fever, 1—hooping cough, 1—homicide, 1—disease of the heart, 1—hemorrhage, 1—intemperance, 1—inflammation of the lungs, 4—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—measles, 2—old age, 1—pleurisy, 1—palsy, 1—suicide, 1—smallpox, 3—teething, 5.

Under 5 years, 23—between 5 and 20 years, 7—between 20 and 40 years, 17—between 40 and 60 years, 6—above 60 years, 3. Born in the United States, 36—Ireland, 18—at sea, 1—unknown, 1.

*The Norfolk District Medical Society.*—This Society held its annual meeting in Dedham, on Wednesday, May 20th. We are glad to learn from the Dedham Gazette, to which paper we are indebted for the following account of the meeting, that it was the fullest one ever holden by the Society.

The following gentlemen were elected as officers for the coming year:

*President*—Gen. Appleton Howe, of Weymouth.

*Vice President*—Dr. Ebenezer Stone, of Walpole.

*Secretary*—Dr. Edward Jarvis, of Dorchester.

*Treasurer*—Dr. D. P. Wight, of Dedham.

*Committee of Supervision*—Drs. L. Scammel of Franklin, and T. Wood of East Randolph.

*Censors*—Drs. Ebenezer Stone of Walpole, Henry Bartlett of Roxbury, Benjamin Cushing of Dorchester, Daniel L. Gibbens of Wrentham, and Stephen Salisbury, jr., of Brookline.

*Counsellors in the Massachusetts Medical Society*—Drs. Henry Bartlett of Roxbury, James A. Stetson of Quincy, Jonathan Ware of Milton, Benjamin Mann of Roxbury, D. P. Wight of Dedham, Erasmus D. Miller of Dorchester, B. E. Cotting of Roxbury, A. LeBaron Munroe of Medway, and Edward Jarvis of Dorchester.

*Voted*.—That the thanks of the Society be tendered to our retiring President, Dr. Ebenezer Alden, for the able, dignified and energetic manner in which he has discharged the duties of the chair, the great interest he has always manifested in, and the many very valuable services he has rendered to the Society.

The ordinary business of the Society was transacted. Among other matters was a vote recommending that in all the towns of the county, where the fees for professional services have not been raised, they be increased to the extent of fifty per cent. above those now or recently charged.

After this, the Society proceeded to discuss the subject of consumption, based upon eighteen questions, which had been issued by the Secretary to the members.

The discussion was continued long and earnestly, and, we trust, profitably to the Society and the people.

We learn that Dr. Cotting read a very able and valuable paper upon the amount and ratio of mortality from consumption in Roxbury, and that the Society voted unanimously to ask a copy for the press.

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*The Cholera in Paris.*—On the 8th of April, there were in the hospitals of Paris forty-seven cases of cholera. In the course of the day three new cases were admitted, and three others were reported among the inmates of those institutions; one death happened on the same day. Up to the 8th of April, the total number of cases treated in the hospitals was 1204. Discharged cured, 582; dead, 574.—*London Lancet.*

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*The Weather in the Baltic.*—A letter from an officer in the Baltic Fleet, states "that on the 2d April, the Neptune, man-of-war, had a boat away on a watering expedition, when a cold breeze sprung up and became so intense as to paralyze four of the boat's crew, one of whom died immediately. The remainder of the crew had barely strength enough left to take the boat to the nearest ship, the Royal George, where they sought refuge until their own vessel was communicated with."—*Ib.*